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CONFIRMATION NO. 2654

<b>SERIAL NUMBER</b> 10/534,091	<b>FILING OR 371(c) DATE</b> 05/06/2005 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> TUR-168
<b>APPLICANTS</b> Juha-Matti Savola, Turku, FINLAND; Paivi Juujarvi, Littoinen, FINLAND; Jukka Ilkka, Kuopio, FINLAND;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/FI03/00850 11/10/2003 <i>SUS</i>				
<b>** FOREIGN APPLICATIONS *****</b> FINLAND 20022007 11/08/2002 <i>SUS</i>				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Allowance <i>SUS</i> Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> FINLAND	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 12
				<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 32954				
<b>TITLE</b> Oromucosal formulation and process for preparing the same				
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	